MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 036806

CERTIFICATE OF DEATH

2706.

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Garrett Co. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Oakland GARRETT Md. | LENGTH OF STAY (in this place) 1 yr. 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE W. Va. COUNTY Preston 85x-3

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Fellowsville Community

STREET ADDRESS (If rural, give location) Route 2, Newburg

3. NAME OF DECEASED: (Type or Print) (First) Lora (Middle) Shaw (Last) Bolyard

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 27, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tucker Co., West Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Shaw

14. MOTHER'S MAIDEN NAME: Francena Sigley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Mrs. Evelyn Barth, Fairmont, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 33/X (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral Arteriosclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1954, to March 15, 1955, that I last saw the deceased alive on March 14, 1955, and that death occurred at ..... p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Oakland Md. DATE SIGNED 3/15/55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 3/15/55

NAME OF CEMETERY OR CREMATORY Mt. Israel Cemetery

LOCATION (City, town, or county) (State) Preston Co., W. Va.

DATE RECD BY LOCAL REG. 3/15/55

REGISTRAR'S SIGNATURE Julia A Rowan LR

24. FUNERAL DIRECTOR Emory Baldwin ADDRESS Oakland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03681

2797

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DEER PARK. MD — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DEER PARK. MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) MAUDE (Last) BROWNING.

4. DATE OF DEATH: (Month) MARCH. (Day) 28 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JUNE-18-1874

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): OAKLAND MD

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: MARTIN VAN GRIM.

14. MOTHER'S MAIDEN NAME: CARRIE FRIEND.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: SAMUEL BROWNING DEER PARK. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Acute Coronary Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary Heart Disease	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan....., 1955., to March 29, 1955., that I last saw the deceased alive on March 26, 1955., and that death occurred at 2:00 P.m., from the causes and on the date stated above.

SIGNATURE Ralph Colandella (DEGREE OR TITLE) M.D ADDRESS Keyser Md DATE SIGNED March 31-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF MARCH-30-1955 NAME OF CEMETERY OR CREMATORY DEER PARK CEMETERY LOCATION (City, town, or county) DEER PARK (State) MD

DATE REC'D BY LOCAL REG. 3/29/1955

REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR Emroy Bolden ADDRESS OAKLAND. MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03682

2718

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT — MD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND MD — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND. MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) CARRIE (Middle) BELL (Last) COGLEY.

4. DATE OF DEATH: (Month) MARCH (Day) 31 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: FEB-6-1874

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PATTERSON CREEK. W.VA.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: CHARLES TUSING

14. MOTHER'S MAIDEN NAME: MATILDA DIMITT.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: FRED COGLEY. OAKLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

334X

Immediate cause (a) Cerebral Arteriosclerosis

DUE TO

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contribnting to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1945, to Mar 15, 1955, that I last saw the deceased alive on Mar 15, 1955, and that death occurred at 6:00 A m., from the causes and on the date stated above.

SIGNATURE R. T. Remington (DEGREE OR TITLE) MD ADDRESS Oakland Md DATE SIGNED Apr 2-1955

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF APRIL-3-1955 — NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY — LOCATION (City, town, or county) (State) OAKLAND MD

DATE REC'D BY LOCAL REG. 4/2/1955 — REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR Emroy Baldwin — ADDRESS OAKLAND MD.

MARYLAND 2709

02695

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 172

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Garret t — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller — LENGTH OF STAY (in this place) 73yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
STREET ADDRESS (If rural, give location) Church Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Thomas	Davis,Sr.	March	13,	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Feb.7,1882	73 yrs.	1	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Coal mines	near Kitzmiller, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Francis Davis	Willie Canzadia Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	219-03-8123	Mrs.Lucy McClung,Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
151X Immediate cause	(a) Acute Intestinal Obstruction from	3 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the stomach	3 mos.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Myocardial Degen. Siderosis. Hypostatic Pneumonia	7

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan., 1955, to March 13, 1955, that I last saw the deceased alive on March 13, 1955, and that death occurred at 4:55P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ralph Calandriello M.D. ADDRESS Kitzmiller, Md. DATE SIGNED March 14-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/16/55	Nethken Hill Cemetery	Elk Garden, Mineral Co W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/15/55	Chas Barrick	Otha F. Sharpless, Blaine, W.Va.

02698

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2710

CERTIFICATE OF DEATH

Reg. Dist. No. 166

Item 9, FilmG179 3-23-55 et

1. PLACE OF DEATH:

COUNTY GARRETT — MARYLAND MD

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND MD — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD COUNTY GARRETT.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND MD.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) HILL (Last) HERMAN

4. DATE OF DEATH: (Month) MARCH (Day) 6 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL-6-1886

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTENANCE MAN. ROAD

10b. KIND OF BUSINESS OR INDUSTRY: FOR ST.

11. BIRTHPLACE (State or foreign country): SWANTON MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN HERMAN

14. MOTHER'S MAIDEN NAME: AGNES COGLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES — **(If Yes, give war or dates of service)** 1908

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS VIOLA HERMAN OAKLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

1518

Immediate cause (a) Carcinoma of stomach

DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 19, 1955 / **19b. MAJOR FINDINGS OF OPERATION:** Carcinoma of stomach

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 17, 1954, to March 6, 1955, that I last saw the deceased alive on March 5, 1955, and that death occurred at 2:05 P.m., from the causes and on the date stated above.

SIGNATURE Joseph Alvarez (DEGREE OR TITLE) M.D. ADDRESS Oakland, Md. DATE SIGNED Mar. 7, '55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF MARCH-9-1955 — NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY — LOCATION (City, town, or county) (State) OAKLAND MD.

DATE REC'D BY LOCAL REG. 3/9/55 — REGISTRAR'S SIGNATURE Julia A. Keegan

24. FUNERAL DIRECTOR Emroy Boldin — ADDRESS OAKLAND MD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

2711 Item 9, Film G181, 5/12/55 fcy

03685

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Grantsville
LENGTH OF STAY (in this place) 8 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Garett
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Grantsville Md X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) MEWO (Middle) E. (Last) HERSHBERGER

4. DATE OF DEATH (Month) 3 (Day) 18 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept 23-1878

9. AGE last birthday: XX 76 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Was Owner

11. BIRTHPLACE (State or foreign country): Rural Grantsville, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Emanuel Hershberger

14. MOTHER'S MAIDEN NAME: Mary Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Ada Kinsinger. Grantsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c) .....

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3-21-1955

NAME OF CEMETERY ~~XX CREMATORY~~ Niverton

LOCATION (City, town, or county) (State) Rural Salisbury Pa

DATE REC'D BY LOCAL REG. May-7-1955

REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Ms

LATENESS- FILM G-181 - 5/9/65 mb.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03686

2712

CERTIFICATE OF DEATH

Reg. Dist. No. 167

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT. MD. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL. GORMAN. MD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL. GORMAN. MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MABEL (Middle) GRACE (Last) HOFFMAN.

4. DATE OF DEATH: (Month) MARCH (Day) 31 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: OCT. 26 1898

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ANAESTHETIST.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): UNION TOWNSHIP PA

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: SAMUEL HOFFMAN.

14. MOTHER'S MAIDEN NAME: AGNES TREASTER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 236-03-9736

17. INFORMANT & ADDRESS: MRS NORMA HARVEY. GORMANIA. W.VA. RT-1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) 296X Thrombocytopenic Purpura with severe anemia — Interval between onset and death: 3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) aplastic bone marrow, cause unknown — 3 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 mo., 1955, to 31 mo., 1955, that I last saw the deceased alive on 14 mo., 1955, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) W. Alfred V & Osler — ADDRESS Cumberland, md. — DATE SIGNED 5 Apr. 55

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF April-2-1955 — NAME OF CEMETERY OR CREMATORY RED HOUSE CEMETERY — LOCATION (City, town, or county) NEAR OAKLAND (State) MD.

DATE REC'D BY LOCAL REG. 4/8/1955 — REGISTRAR'S SIGNATURE Elmer C Shaffer

24. FUNERAL DIRECTOR Emroy Boldin — ADDRESS OAKLAND MD.

03688

2713

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

Item 8, Film 6181 5-19-55 et

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X OAKLAND | LENGTH OF STAY (in this place) 13 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA — COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EGLON 85x-3
STREET ADDRESS (If rural, give location) ROUTE #1 ✓

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JOHN	WILLIAM	MARTIN		MARCH	15	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	WIDOWED	OCT. 5, 1860	94 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		WEST VIRGINIA	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MARTIN, STEVE FRANKIE	MARTIN, PHOEBE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
	NONE	MRS. LENA COLE, EGLON W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Myocardial Heart disease & failure	6 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart & Vascular disease	8 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/2/, 1955, to 3/15/, 1955, that I last saw the deceased alive on 3/14/, 1955, and that death occurred at 6:10 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C.E. Mance	MD	Oakland Md	15 Mar 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	3/18/55	Lakeside Ridge	Aurora W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/18/55	Julia Rowan LR	Wayne C. Spiggle	Davis, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2714 **MARYLAND STATE DEPARTMENT OF HEALTH** 02700

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

Item 9, Film G179 3-21-55 et

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X OAKLAND — LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND X
STREET ADDRESS (If rural, give location) 11 SECOND STREET

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) ELLEN (Last) MILLS
4. DATE OF DEATH: (Month) MARCH (Dey) 8 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: AUG. 27, 1869
9. AGE last birthday: 85 86 yrs.
If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: RODEHEAVER, SAMUEL
14. MOTHER'S MAIDEN NAME: SISLER, MARIETTA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: MR. DWIGHT MILLS, OAKLAND MARYLAND.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

903.5
Immediate cause (a) Fracture skull, head left femur — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arterio sclerosis
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / ~~SUICIDE~~ / ~~HOMICIDE~~ (Specify): Fall
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Car Street Bridge — (CITY OR TOWN) Oakland — (COUNTY) Garrett — (STATE) Md

TIME OF INJURY (Month) (Dey) (Year) (Hour): March 5 1955 4 pm.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Slipped & fell on street

22. I hereby certify that I attended the deceased from June, 19[illegible]5, to March, 19[illegible]5, that I last saw the deceased alive on March 7, 19[illegible]5, and that death occurred at 5:35 A. m., from the causes and on the date stated above.

SIGNATURE: E. J. Baum (Degree or title) M.D. — ADDRESS Oakland Md — DATE SIGNED 3/8/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Mar 10-1955 — NAME OF CEMETERY OR CREMATORY Rodeheaver — LOCATION (City, town, or county) Mar Oakland — (State) Md

DATE REC'D BY LOCAL REG. 3/10/1955 — REGISTRAR'S SIGNATURE Julia A Rowan LR

24. FUNERAL DIRECTOR: Emery Bolden — ADDRESS Oakland Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02703

2715

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT — MARYLAND MD
CITY (If outside corporate limits, write RURAL OR TOWN) X TOWN RURAL FRIENDSVILLE — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR 00 STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL FRIENDSVILLE MD. X/1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MATILDA (Middle) (Last) SCHROYER

4. DATE OF DEATH: (Month) (Day) (Year) MARCH 17 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: DEC-20-1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): GARRETT Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: FRANK UPHOLD.

14. MOTHER'S MAIDEN NAME: MOLLY KELLEY.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: DAVID SINES. FRIENDSVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 443X Auricular Dilatation & Cardiac Failure	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive Cardio-Vascular Disease	years
	DUE TO (c) Arteriosclerosis Senility	years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-27, 1955, to 3-8, 1955, that I last saw the deceased alive on 3-8, 1955, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE James H. Fenton, Jr. M.D. (DEGREE OR TITLE) ADDRESS 58 2-4 St Oakland, Md DATE SIGNED 3-18-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF MARCH-19-1955 — NAME OF CEMETERY OR CREMATORY Blooming Rose Cemetery — LOCATION (City, town, or county) (State) NEAR FRIENDSVILLE MD.

DATE REC'D BY LOCAL REG. Mch. 19. 1955. — REGISTRAR'S SIGNATURE Ruth Frantz Deputy. — 24. FUNERAL DIRECTOR ADDRESS Emory Baldwin OAKLAND. MD.

02704

MARYLAND 2716

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 172

M

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Kitzmiller
LENGTH OF STAY (In this place) 48yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
STREET ADDRESS (If rural, give location) Church Street X 1

3. NAME OF DECEASED (Type or Print): (First) ARLIE (Middle) CASTELE (Last) SOLLARS

4. DATE OF DEATH: (Month) MARCH (Day) 5, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 25 1875

9. AGE last birthday: 79 yrs. If under 1 year: Months 5 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal mines

11. BIRTHPLACE (State or foreign country): Elk Garden, W.Va.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: THOMAS SOLLARS

14. MOTHER'S MAIDEN NAME: JANE JUNKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: X

17. INFORMANT AND ADDRESS: MRS. EDNA RODERICK, WESTERNPORT, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442X (a) Acute Bronchi-Pneumonia — Interval Between Onset and Death: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio Vascular Renal Disease — 5 yrs.

(c) with edema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to March 5 1955, that I last saw the deceased alive on March 5, 1955, and that death occurred at 3:05P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ralph Calvert Jr MD Kitzmiller Md March 7-55

23. BURIAL, CREMATION (Specify) DATE 3/8/55 NAME OF CEMETERY OR CREMATORY KALBAUGH Methkon Hill Cemetery LOCATION (City, town, or county) (State) Elk Garden, Mineral; W.Va

DATE REC'D BY LOCAL REG. 3/8/55 REGISTRAR'S SIGNATURE Chas Barnick

24. FUNERAL DIRECTOR ADDRESS Otha F. Sharpless, Blaine, W.Va.

KALBAUGH

MARGIN RESERVED FOR BINDING

I

02705

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2717 CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Jennings
LENGTH OF STAY (in this place) 10-years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Jennings X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Lucretia (Last) Wilburn

4. DATE OF DEATH: (Month) 3 (Day) 10 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: April 18.1880

9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Mount Pleasent Pa

12. CITIZEN OF WHAT COUNTRY? U*S*A

13. FATHER'S NAME: Basil Durst

14. MOTHER'S MAIDEN NAME: Sophia Foust

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-32-3099B

17. INFORMANT & ADDRESS: Jason Wilburn. Jennings Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
Immediate cause (a) Myocardial failure DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Essential hypertension DUE TO

(c) Hypertensive heart disease

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1955, to Mar, 1955, that I last saw the deceased alive on 3-8-, 1955, and that death occurred at 6:00 PM, from the causes and on the date stated above.

SIGNATURE John M Whitehead, Jr (Degree or title) M.D. ADDRESS Salisbury, Pa DATE SIGNED 3-12-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3-13-1955 NAME OF CEMETERY OR CREMATORY Grantsville LOCATION (City, town, or county) Grantsville (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/12/55 REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Wm Winebrenner ADDRESS Grantsville Md